



## CULTURAL ADVISORY COUNCIL APPLICATION FORM

1. Mr. \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms.                      First                      Middle                      Last
2. Residence Address: \_\_\_\_\_  
\_\_\_\_\_  
City                      County                      State                      Zip  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_
3. Business Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City                      County                      State                      Zip  
Phone (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_  
Pager (\_\_\_\_) \_\_\_\_\_ Cellular (\_\_\_\_) \_\_\_\_\_ Emergency # (\_\_\_\_) \_\_\_\_\_
4. Educational History:  

<i>College/Graduate School (Location)</i>	<i>Date</i>	<i>Degree</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

  

<i>High School or Equivalent (Location)</i>	<i>Date</i>	<i>Diploma</i>
_____	_____	_____
5. Please list professional licenses and certificates (if any).

<i>Licenses/Certificates</i>	<i>Date Issued</i>	<i>Licenses/Certificates</i>	<i>Date Issued</i>
1) _____	_____	3) _____	_____
2) _____	_____	4) _____	_____

6. List all current organizations and societies of which you are a member:

*Organizations/Societies*

*From*

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7. Please explain why you would like to serve on the cultural advisory council to the California Exposition & State Fair.

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8. ☐ Yes ☐ No Are you a citizen of a country other than the United States? If so, please identify country.

9. ☐ Yes ☐ No Is there anything in your background, which if made known to the general public through your appointment would cause an embarrassment to you and/or the Cal Expo? If yes, please explain.

10. If you were to be appointed to the council you are seeking today, what are the first two or three things you would recommend?

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11. How do you feel you would add value to the Cal Expo Cultural Advisory Council? What unique characteristics, qualifications, perceptions and experiences do you offer?

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Date: \_\_\_\_\_

By: \_\_\_\_\_  
Applicant

**Please attach a resume or bio with this application. (Mandatory resume or bio attached)**

**Application Form must be returned by 5 p.m., Monday, December 1, 2008.**

**Mail to Tina Novoa  
Cal Expo  
P.O. Box 15649  
Sacramento, CA 95852  
916-263-3069 office – 916-263-3304 fax  
tnovoa@calexpo.com**